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Date: June 25, 2007

Name: Eunice K. Chang

Signature:

Clifford Chance US LLP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. 80-20703727 (formerly 7190-205)

In re Application of: Iouri Kloubakov, et al.

Filed:

January 30, 2002

Group Art Unit: 3627

Serial No:

10/060,423

Examiner: Joseph A. Fischetti

For:

MULTI-DEVICE SUPERVISOR SUPPORT
FOR SELF-CHECKOUT SYSTEMS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Petition for Extension of Time under 37 C.F.R. §1.136(a)

Sir:

This is a request under the provisions of 37 C.F.R. §1.136(a) to extend the period for filing a reply to the Final Office Action dated November 15, 2006.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 C.F.R. §1.17(a)(1))	\$120.00	\$60.00	\$
<input type="checkbox"/> Two months (37 C.F.R. §1.17(a)(2))	\$450.00	\$225.00	\$
<input checked="" type="checkbox"/> Three months (37 C.F.R. §1.17(a)(3))	\$1,020.00	\$510.00	\$ 1,020.00
<input type="checkbox"/> Four months (37 C.F.R. §1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 C.F.R. §1.17(a)(5))	\$2,160.00	\$1,080.00	\$
<input type="checkbox"/> Applicant claims small entity status. (See 37 C.F.R. §1.27)			6/29/2007 EAREGAY1 08230027 500521 10060423 03 FC:1253 1020.00 DA

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0521. I have enclosed a duplicate copy of this sheet.

Respectfully submitted,



Eric A. Lerner
Reg. No. 46,054

Date: June 25, 2007

Customer No. 27383
Clifford Chance US LLP
31 West 52nd Street
New York, NY 10019-6131
Telephone: (212) 878-8232

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>10/24/07</u>		2 Serial/Patent # <u>10/060,423</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input checked="" type="checkbox"/>	Extension of Time	wfee	06/29/07	\$ 1,020.00
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
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		7 TOTAL AMOUNT OF REFUND	\$ 1,020.00	
		8 TO BE REFUNDED BY:		
		Treasury Check		
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:	
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<input checked="" type="checkbox"/>	No Fee Due (Explanation): Extension filed after extendable period			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: Petitions Examiner		
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: 2-3204		
OFFICE: Petitions				
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APPROVED: <u>OK</u>		DATE: <u>10/25/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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